



908-647-1004

157 Clover Hill Road, Millington, NJ 07946

OUTDOOR ADULT TENNIS CLINICS FALL 2014

Matthew Kantor Memorial Park (Formerly Riverside Park)
915 Valley Road, Gillette, NJ 07933

The Program Director is Rick Gavornik, a USPTR certified tennis professional with over 25 years of teaching and coaching experience. Rick has taught juniors and adults from beginners to tournament level players including former HS State Champions and College All American players. He has developed innovative and proven techniques to provide professional, quality tennis instruction at family friendly prices. We focus on reinforcing proper fundamentals critical for advancing in the game.

Beginners and Advanced Beginners:

Tuesdays	12-1:00pm	7 weeks	September 9-October 21 st , 2014	Cost: \$154
Wednesdays	9:30-10:30am	7 weeks	September 10-October 22 nd , 2014	Cost: \$154
Thursdays	10:30-11:30am	7 weeks	September 11-October 23 rd , 2014	Cost: \$154
Fridays	9:30-10:30am	7 weeks	September 12-October 24 th , 2014	Cost: \$154
Saturdays	11:30-12:30pm	7 weeks	September 13-October 25 th , 2014	Cost: \$154

Intermediate:

Wednesdays	10:30-11:30am	7 weeks	September 10-October 22 nd , 2014	Cost: \$154
Thursdays	9:30-10:30am	7 weeks	September 11-October 23 rd , 2014	Cost: \$154
Fridays	10:30-11:30am	7 weeks	September 12-October 24 th , 2014	Cost: \$154

All classes are filled on a first come, first serve basis and must have sufficient enrollment to run. There are no credits, refunds or make ups for missed classes or once a spot is held. **All classes are held at Matthew Kantor Memorial Park (formerly Riverside Park) 915 Valley Road, Gillette.** Private groups can also be arranged. Please call Rick Gavornik with any questions: (908) 647-1004. **Please make all checks payable to: Skyline Tennis, LLC and mail to: 157 Clover Hill Road, Millington, NJ 07946.**

Skyline Tennis, LLC Adult Clinics Fall 2014 at Kantor Park Registration Form

Name: _____ Telephone #: _____
Address: _____ City: _____ Zip: _____
Email: _____ Cell Phone # _____

Level of Play: Beginner Adv. Beginner Intermediate

Class you are registering for:

Day (1st choice): _____ Time: _____ Cost: _____

Day (2nd choice): _____ Time: _____ Cost: _____

Please make checks payable to: Skyline Tennis, LLC, 157 Clover Hill Road, Millington, NJ 07946

Signature: _____ *I release, discharge and/or otherwise indemnify Skyline Tennis, LLC its employees or representatives and Long Hill Township against any claim of liability. I agree to all terms and conditions outlined above.*